

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
CABARET
SECURITY GUARD/BOUNCER
ID CARD APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

This ID card is not transferable and is void upon termination of employment.

Requirements:

1. Applications for all Cabaret Security Guards/Bouncers must be made within 4 (four) days of the date of original employment at any establishment.
2. Provide a copy of the NYS Security Guard Registration Card. These cards are issued by the NYS Dept. of State, Division of Licensing. Please call (212) 417-5747 or visit licensing@dos.state.ny.us for more info.
3. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
4. Affidavit from Employer (Cabaret License Holder) must be completed and submitted with application.

LICENSING FEES AND EXPIRATION DATE

\$5.00/ ID card
Expires Sept. 30th following 3rd anniversary of date of issuance.

Mike Spano, Mayor
Kerry O'Brien Hess, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:			
Address:				
City:	State:	Zip:		
Home Phone #:	Cell #:			
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #:				
Have you ever been arrested or convicted of a crime?				
If yes, explain:				
Place of Employment:				
Address:				
City:	State:	Zip:		
Telephone:				
Owner:				
Telephone:	Cell #:			
Applicant's Signature:			Date:	

For Office Use Only:

Cabaret License #: _____ Expires: _____
ID Card #: _____ Date Issued: _____

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TO BE FILLED OUT BY CABARET LICENSE HOLDER:

I, _____, owner/proprietor of
_____, attest to the
employment of applicant _____,
hired on _____ (month)/ _____ (day)/ _____ (year).

Signature Date

Mike Spano, Mayor
Kerry O'Brien Hess, Director